

*Information Summary and Recommendations*

# Dental Laboratories and Dental Technicians

October 30, 1992



**Licensing and Certification**



## DENTAL LABORATORY AND DENTAL TECHNICIAN

### INFORMATION SUMMARY

October 30, 1992

#### BACKGROUND

House Bill 2761 was introduced in the 1992 session of the legislature. This bill would establish a licensure program for dental laboratories and a certification program for dental technicians. On April 2, 1992, Dennis Braddock, Chairman of the House Committee on Health Care, requested that the Department of Health conduct a review of this proposal under the "Sunrise" law. The Department conducted a review according to criteria set forth in the "Sunrise" law (RCW 18.120.110.) The Department is to report its findings and recommendations to the Legislature by December 15, 1993.

It is the legislature's intent to permit all qualified individuals to enter a health care profession. If there is an overwhelming need for the state to protect the public, then entry may be restricted. Where such a need to restrict entry and protect the public is identified, the regulation adopted should be set at the least restrictive level.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public can reasonably benefit from an assurance of initial and continuing professional ability, and;
- The public cannot be protected by other more cost effective means.

There are three types of credentialing:

- Registration. A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practiced and, if required, a description of the service provided. A registrant is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

- Certification. A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
- Licensure. A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

## OVERVIEW OF SUNRISE PROCEEDINGS

The Department of Health began discussions and held meetings with interested parties on the regulation of dental laboratories and dental technician in September 1992.

The department requested regulatory agencies in other states to provide sunrise reviews, regulatory standards, existing laws and administrative rules, or other information which would be useful in evaluating the proposal to regulate dental laboratories and dental technicians. In addition, a literature search was conducted seeking professional, journal and other articles and information regarding the current state of regulation of dental laboratories and dental technicians at the national level.

Proponents and opponents in Washington State were contacted to review the proposal to regulate dental laboratories and dental technicians. Various agencies, associations, organizations and individuals were invited to provide information on the proposal.

The Department of Health, Licensing and Certification, Office of Health Services Development created a review committee. A public hearing was held on October 12, 1992. Representatives from various divisions within the Department of Health participated in the proceedings. All attendees were given the opportunity to express their views on the proposal and get answers to their questions on the proposed regulation of dental laboratories and dental technicians. Interested parties were given an additional ten days to submit final comments.

Final recommendations were prepared for presentation to the Secretary of the Department of Health. The Department's summary and analysis of the proposal is outlined below, along with the recommendations of the Department regarding the proposal.

I. SUMMARY OF THE APPLICANT GROUP PROPOSAL.

The lettered and numbered sections below are from Section V. of the Guidelines for Credentialing Health Professions in Washington State. The summary of the Applicant Group's responses to each section is in bold.

A. A definition of the problem and why regulation is necessary:

1. The nature of the potential harm to the public if the health profession is not regulated, and the extent to which there is a threat to public health and safety;

The Applicant indicates there are four areas of potential harm and/or threats to public health and safety if the profession is not regulated:

- (1) There is a potential for cross-contamination of disease between the consumer, dentist office, and dental laboratory which is not currently addressed in regulation or in practice.
  - (2) The sterilant materials used to control exposure to pathogens in dental laboratories are themselves dangerous, and the use of these materials in dental laboratories is currently unregulated.
  - (3) New alloys for dental devices are continuously being marketed to and used by dental laboratories in the construction of dental devices, to the extent that dentists normally do not have a working knowledge of either the composition or best use of these materials, and regularly rely instead on the dental technician's working judgement as to the appropriateness of specific materials.
  - (4) "Shade verification" is within the dentist's scope of practice under the Dental Practice Act. Providing this service at a dental laboratory in Washington is technically the illegal practice of dentistry. However, the Applicant indicates that it is a common practice for dentists to refer patients directly to labs for such shade verification, and for laboratories to provide that shade verification directly to patients in dental laboratories.
2. The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners, indicating typical employers if any, of practitioners in the health profession; and

Typical employers of dental technicians are dental laboratories. The Applicant indicates that there are four consumer benefits to be derived from the regulation of dental laboratories and dental technicians:

- (1) Regulation will provide an additional barrier to the spread of infectious diseases, such as AIDS and hepatitis, from consumer to dentist office to dental laboratory and back, through regular laboratory inspections and continuing education of personnel.
  - (2) The materials and procedures used in the construction of dental devices to be worn in the mouth would be required to meet the minimum accepted industry standards, resulting in fewer adjustments, wear problems, and remake costs associated with such devices.
  - (3) Regulation would provide for the enforcement of standards for sanitation and infectious disease control in dental laboratories, resulting in less disease and the consequent health care costs being passed along to consumers.
  - (4) Regulation will reduce insurance costs and stabilize lab fees, lessening the overall cost of dental devices.
3. The extent of autonomy a practitioner has, as indicated by:
- a. The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgement; and

The Applicant lists three indicators of the autonomy of dental technicians:

- (1) Dental laboratories (i.e., dental technicians) are regularly requested by dentists to provide shade selection, case design, and restorative design services in regard to dental devices.
- (2) Dental laboratories (i.e., dental technicians) routinely make independent judgements regarding the materials to be used in the composition of dental devices. Dental technicians routinely make changes in the materials used in the composition of dental devices according to their own best judgement.
- (3) There are examples given of lawsuits filed over the manufacture of dental devices naming as defendant only the dental laboratory where the devices were constructed, and not the dentist who is currently legally responsible to the patient.

- b. The extent to which practitioners are supervised;

The Applicant states that dental technicians are unsupervised in the performance of their duties in the dental laboratory.

B. The efforts made to address the problem:

1. Voluntary efforts, if any, by members of the health profession to:

- a. Establish a code of ethics; or

A Code of Ethics has been established by the National Association of Dental Laboratories and by the Certified Dental Laboratory Trust, the Certified Dental Technician Program, and the Washington State Dental Laboratory Association. 106 (out of approximately 400) dental laboratories in Washington subscribe to this voluntary code.

- b. Help resolve disputes between health practitioners and consumers; and

Dental laboratories are not normally involved in dispute resolution as there is a lack of opportunity for such involvement in their present unregulated state.

2. Recourse to and the extent of use of applicable law and whether it could be strengthened to control the problem;

There is no current law regulating dental laboratories and technicians, and consequently no law to be strengthened.

C. The alternative considered:

1. Regulation of business employers or practitioners rather than employee practitioners;

The Applicant "preference" is for site (business) licensing along with regulation of employee/employer practitioners. Applicant indicates the only alternative to regulation is business as usual without regulation.

2. Regulation of the program or service rather than the individual practitioners;

Not applicable. Applicant request is for regulation of individuals and site, not for program or service.

3. Registration of all practitioners;
4. Certification of all practitioners;

Applicant proposes to license dental laboratories and certify supervising dental technicians in a ratio of 1:8 (one certified supervisor to each eight non-certified technicians).

5. Other alternatives;

Applicant indicates other alternatives to regulation by the state include the continuation of the national voluntary certification of dental laboratories and dental technicians, or the provision of

unregulated dental laboratory services directly to the public.

6. Why the use of the alternatives specified in this subsection would not be adequate to protect the public interest; and

The Applicant states there is no current regulatory body with jurisdiction over dental laboratories which can protect the public interest.

7. Why licensing would serve to protect the public interest;

The Applicant states there are five reasons that licensing would protect the public interest:

- (1) It would provide assurance to the public of the competency of laboratory technicians.
- (2) It would provide assurance to the public regarding the adequacy of infectious disease control in dental laboratories.
- (3) It would provide assurance to the public that dental laboratories and dental technicians are qualified to produce dental devices by their education and training in this field.
- (4) It would diminish the number and consequently the cost of remakes of dental devices.
- (5) It would provide assurance to the public of a complete knowledge and understanding of the materials used in the construction of their dental devices.

D. The benefit to the public if regulation is granted:

1. The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation;

The Applicant states the following problems will be reduced by regulation:

- (1) The number of remakes of dental devices.
- (2) A reduction in the risk of the transfer of communicable disease for both dentists and dental laboratories.
- (3) A reduction in the risk of the illegal practice of dentistry by dental laboratories.
- (3) Assurance to the public and dentists that dental laboratories use materials and procedures meeting industry standards.
- (4) Enforcement of standards for sanitation and disease control.
- (5) Insurance costs will be reduced after implementation of laboratory standards due to reduced exposure to liability.

2. Whether the public can identify qualified practitioners:



The Applicant states that the public cannot identify qualified practitioners unless the practitioner is voluntarily certified and displays such certification at their place of business.

3. The extent to which the public can be confident that qualified practitioners are competent:

The Applicant states the public can be confident of the competency of qualified practitioners, under regulation, through:

- (1) Documentation of each individuals education and training prior to employment.
- (2) Completion of certifying exams by each individual prior to employment.

Applicant proposes using standards set by the National Board of Certification (the current voluntary standards) as state standards. Copies of these national standards were submitted with the Applicant proposal and are available upon request.

- a. Whether the proposed regulatory entity would be a board composed of members of the profession and public members, or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification, or licensure, including the composition of the board and the number of public members, if any; the powers and duties of the board or state agency regarding examination and for cause revocation, suspension, and non-renewal of registrations, certificates, or license; the promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken against practitioners; and how fees would be levied and collected to cover the expenses of administering and operating the regulatory system;

The Applicant proposes that the regulatory entity would be a board composed of three members of the profession and two public members. Their responsibilities would be to review applications for completeness and accuracy, define operating regulations, educational requirements, and the code of ethics. It would have disciplinary powers, but administration of testing and standards setting would be through national certification boards. Applicant specifies causes for revocation, suspension, or non-renewal of licenses under (2)(b), below. Although Applicant has used the term "board" regarding the proposed regulatory body, the functions of the proposed "board", as defined in the proposal, would actually be the functions of an advisory committee.

- b. If there is a grandfather clause, whether such practitioners will be required to meet the prerequisite qualifications established by the

regulatory entity at a later date;

The Applicant proposes three years for practitioners to come into compliance with the standards, during which period they would be required to meet continuing education requirements. Practitioners would not be grandfathered but would have three years to come into compliance, after which every practitioner would be required to meet standards.

- c. The nature of the standards proposed for registration, certification, or licensure as compared with the standards of other jurisdictions;

The Applicant proposes standards as defined by the National Association of Dental Laboratories and included in their "model" legislation.

- d. Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions;

The Applicant proposal provides that reciprocity agreements would be entered into by the regulating board.

- e. The nature and duration of any training including, but not limited to, whether the training includes a substantial amount of supervised field experience; whether training programs exist in this state; if there will be an experience requirement; whether the experience must be acquired under a registered, certificated, or licensed practitioner; whether there are alternative routes of entry or methods of meeting the prerequisite qualification; whether all applicants will be required to pass an examination; and if examination is required, by whom it will be developed and how the costs of development will be met; and

The Applicant indicates an option of graduation from a two-year American Dental Association (ADA) accredited and National Board of Certification (NBC) recognized technical education program, or proof of equivalent education prior to certification. There is one training program at Bates VoTech Institute in Tacoma, which graduates approximately 20 individuals per year. Applicant does not indicate if experience must be acquired under a regulated practitioner or alternative methods of meeting qualifications. All Applicants would be required to pass an examination, as promulgated by the National Association of Dental Laboratories and NBC. The cost involved would be the cost of taking the examination, currently @\$80. per individual.

- f. What additional training programs are anticipated

to be necessary to assure training accessible state-wide; the anticipated time required to establish the additional training programs; the types of institutions capable of providing the training; a description of how training programs will meet the needs of the expected work force, including reentry workers, minorities, place-bound students and others;

Except as noted directly above, Applicant did not provide an answer to this question.

4. Assurance of the public that practitioners have maintained their competence:

a. Whether the registration, certification or licensure will carry an expiration date; and

Applicant proposes that practitioners renew their licenses either every year or every other year.

b. Whether renewal will be based only upon payment of a fee, or whether renewal will involve reexamination, peer review, or other enforcement;

Applicant proposes that renewal of certification would be provided on:

- (1) Payment of fee.
- (2) Continued meeting of National Board of Certification/Certified Dental Technician standards as established by the proposed legislation.
- (3) Proof of standards compliance (for laboratories) by inspections based on National Board of Certification/Certified Dental Laboratory standards as established by the proposed legislation.

E. The extent to which regulation might harm the public:

1. The extent to which regulation will restrict entry into the health profession:

Applicant indicates professional entry will not be restricted, although the question of restricted entry into the profession due to low number of training programs in the state (one, at Bates Technical College) is not addressed.

a. Whether the proposed standards are more restrictive than necessary to insure safe and effective performance; and

Applicant indicates it does not believe that state standards adopted from national standards, as proposed, would be over-

**restrictive.**

- b. Whether the proposed legislation requires registered, certificated, or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification, and licensure when the other jurisdiction has substantially equivalent requirements for registration, certification, or licensure as those in this state; and

**Applicant indicates applicants already licensed in substantially-equivalent jurisdictions would be required to meet the same standards required of Washington applicants.**

2. Whether there are similar professions to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation;

**Applicant groups proposes that "dentists in complete control of the fabrication process" should be excluded from legislation. The Applicant defines "complete control" as a laboratory operated by a licensed dentist for the fabrication of that dentist's own dental devices.**

**F. The maintenance of standards:**

1. Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards, or a code of ethics; and

**Applicant indicates that quality assurance standards in the profession currently exist through the voluntary national standards program only for those laboratories and technicians who voluntarily certify.**

2. How the proposed legislation will assure quality;

**Applicant indicates quality will be assured through:**

- (1) Fulfillment of educational requirements.
- (2) Meeting quality assurance standards as defined by the law.
- (3) Through on-site inspection and inspection requirements.

**These are the standards currently required through the national voluntary certification programs for both laboratories and technicians.**

- a. The extent to which a code of ethics, if any, will be adopted; and

Applicant indicates that the code of ethics, referenced above, will be adopted. Adherence to this code of ethics is considered part of the voluntary certification process.

- b. The grounds for suspension or revocation of registration, certification, or licensure;

Applicant indicates the following as grounds for action against certification or licensure:

- (1) Any violation of the Uniform Disciplinary Act.
- (2) Failure to comply with educational standards or continuing education requirements.
- (3) Failure to comply with disease control standards.
- (4) Failure to follow biohazard case containment procedures.
- (5) Failure to meet requirements.
- (6) The illegal practice of dentistry.

- G. A description of the group proposed for regulation, including a list of association, organizations and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group, and whether the groups represent different levels of practice; and

The group and facilities proposed for regulation are dental technicians and dental laboratories. The association representing this group and these facilities is the Washington State Dental Laboratory Association, Inc., which is also the Applicant for the proposed regulation. The Applicant indicates that the association has 106 member dental laboratories, out of an estimated 400 +/- dental laboratories in the state, with 18 of those dental laboratories currently (voluntarily) certified. Applicant indicates that there are currently 271 (voluntarily) certified dental technicians in the state, out of an estimated 800 +/- dental technicians.

- H. The expected costs of regulation:

- 1. The impact registration, certification, or licensure will have on the costs of the services to the public;
- 2. The cost to the state and to the general public of implementing the proposed legislation; and
- 3. The cost to the state and the members of the group proposed for regulation for the required education, including projected tuition expenses and expected increases in training programs, staffing, and enrollments at state training institutions.

The Applicant does not provide any information regarding the expected costs of the proposed regulation of dental laboratories and dental technicians in Washington. The Applicant does specify

that no cost of the regulation would be borne by the state or the public, and references the experience of Texas in the regulation of dental laboratories and dental technicians. (See ESTIMATED COST OF REGULATION under II., below.)

## II. ANALYSIS BY THE DEPARTMENT OF HEALTH REGARDING THE NEED FOR REGULATION OF DENTAL LABORATORIES AND DENTAL TECHNICIANS.

### STUDIES AND STATISTICAL INFORMATION ON REGULATION:

There is a lack of statistics regarding activities associated with the operation of dental laboratories, or job-related dangers to technicians working in dental laboratories in the state. Staff was unable to locate relevant studies documenting potential cross-contamination problems, or problems directly associated with the use of sterilant materials by dental technicians in dental laboratories. Evidence presented by the Applicant centered on the anecdotal rather than specific studies or statistics. Agencies and organizations responding to enquiries from staff, including the DoH Office of Epidemiology, the Attorney General's Consumer Affairs Division, Washington Better Business Bureau, the state Board of Health, and the DoH Professional Licensing Service Dental Unit, did not keep or did not have any statistical information regarding dental laboratories or dental technicians, and were unable to refer staff to any potential sources of statistical information.

### REGULATION IN OTHER STATES AND JURISDICTIONS:

Inquires were sent to professional licensing bodies in 49 states and the District of Columbia, requesting information on the regulation of dental laboratories and dental technicians in those states.

Replies were received from the following states indicating that they did not currently regulate either dental laboratories or dental technicians: Georgia, Maine, Hawaii, Idaho, Alabama, Massachusetts, and Alaska.

Kentucky sent a copy of its law, which requires annual registration of dental laboratories and dental technicians, with laboratories paying a \$10. - \$100. annual fee and technicians a \$5. - \$20. annual fee.

The Applicant provided staff with a copy of the Texas law, which requires annual registration of dental laboratories. Applications for registration must include proof that at least one dental technician employed on the premises of each lab is certified by a "nationally recognized board of certification". Fees for registration in Texas are set by the state board of dental examiners.

The following states require some form of registration for dental laboratories: Pennsylvania, Florida, and Oklahoma.

The Applicant indicates that legislation regarding regulation is under consideration in the following states: Montana, Illinois, Indiana, Ohio, and in Puerto Rico.

The Applicant also indicates that dental laboratories are allowed to participate in the shade selection process in the following states: Oregon, Massachusetts, Missouri, New York, Ohio, Indiana, and Virginia.

#### LITERATURE SEARCH ON REGULATION:

A computer search for professional literature regarding the regulation of dental laboratories and dental technicians was conducted through the Washington State Library.

Twenty-two articles were located as a result of the search. In general, these articles were supportive of regulation of dental laboratories. Articles supporting regulation were located in the Journal of Canadian Dentistry (May, 1989), the British Dental Journal, (166:211, 1989), Trends and Techniques in Contemporary Dental Labs, (July/August, 1987), the Journal of Dental Education (#3, 1991), and the Journal of the California Dental Association (November, 1988). None of the professional articles suggested there should not be regulation of dental laboratories and technicians. Discussions in these articles centered on the general need for regulation and the benefits of regulation to the profession and to the public. There was no consensus on which level of regulation which was considered most desirable.

#### APPLICANT ISSUES AND STAFF FINDINGS:

The issues raised by the Applicant regarding the need for regulation and the consequent staff findings are as follows:

- (1) The potential for cross-contamination of disease between the consumer, dentist, and dental laboratories without regulation.

There was no statistical or documentary evidence found which would support this issue.

- (2) The use of sterilant materials in dental laboratories is dangerous and unregulated.

There was no statistical or documentary evidence found which would support this issue.

- (3) Reliance of dentists on the knowledge of dental technicians regarding the composition and use of

materials in the construction of dental devices.

While there was no statistical or documentary evidence to support this issue, it would seem reasonable to assume that in general the experts on the materials used in the composition of dental devices would be the individuals who actually construct them, and that these individuals would have the latest and most up-to-date information on the composition and materials used in dental devices as provided through the suppliers of such materials.

(4) The provision of "shade verification" services by dental laboratories.

While there are no statistics on the actual provision of shade verification services by dental laboratories, Applicant statements in the proposal and statements at the Public Hearing indicate that dental laboratories do provide shade verification services to dental patients as a fairly common practice. Regulation of dental laboratories and dental technicians as proposed by the Applicant would specifically address the issue of shade verification, allowing participation by dental laboratories in the process, an option which the Washington State Dental Association has informally indicated it would not oppose.

(5) Consumer benefits under proposed regulation.

While regulation would presumably provide additional protection against cross-contamination and the spread of disease, there was no evidence presented or found documenting the need for such an additional protection.

Regarding the use of materials for dental devices which would meet minimum industry standards, there could be consumer benefits (potentially fewer adjustment and remake problems) to be derived from regulation.

Regarding the enforcement of disease control and sanitation standards, both are currently enforced in dental labs by OSHA, WSHA, and local health departments.

The reduction of insurance costs and stabilization of lab fees resulting in lower consumer costs may be a reasonable assumption but data was not provided to address this issue.

(6) Protection of the public interest by regulation.

Regulation may help to provide assurance to the public concerning the qualifications and competency of both dental laboratories and dental technicians.



Although it would seem reasonable that regulation has the potential to reduce the number, and consequently the cost, of remakes of dental devices, through appropriate and standardized training for dental technicians, no data is available to support this supposition.

- (7) Reduction in the risk of the illegal practice of dentistry by dental laboratories, regarding shade verification.

If dental laboratories and dental technicians were to be regulated as proposed by the Applicant, the legislation as drafted allows participation by dental laboratories in the shade selection process. Such legislation could also be enacted by itself without addressing the regulation issues, although the case is made that if closer contact with dental patients is allowed then regulation is needed to help assure protection to the public.

#### ESTIMATED COST OF REGULATION:

The following are the estimated costs of regulation, based on an analysis of dental laboratory regulatory costs by DoH Facilities Licensing, and of dental technician regulatory costs by the DoH Professional Licensing Services Dental Unit. These costs are based on the level of regulation requested by the Applicant, the certification of dental technicians and the licensure of dental laboratories.

	Estimated Cost 1st Year	Estimated Cost 2nd Year	Estimated Cost per unit (1st Yr/2nd Yr)
Dental Laboratories (@400)	\$61,559.	\$53,709.	\$154./\$134.
Dental Technicians (@800)	\$101,773.	\$70,462.	\$127./\$88.
Totals:	<u>\$163,332.</u>	<u>\$124,171.</u>	

A breakdown of these costs are available upon request. The cost indicated above for the certification of dental technicians (@\$127. per individual the first year, @\$88. per individual per year thereafter) is a fairly high cost considering what the Washington State Dental Laboratory Association estimates is the average salary of a dental technician, @\$7.46 to \$8.25 per hour.

### III. STAFF RECOMMENDATIONS:

REGULATION OF DENTAL TECHNICIANS: Since dental technicians under current law do not work directly with dental patients or the public, and there are no formal studies or bodies of statistics to support arguments in favor of regulation, a threat to the public health, safety, or economic well-being that would warrant regulation of the profession has not been demonstrated at this time.

However, if the current law regarding the provision of shade verification is changed to allow shade verification to be provided by dental technicians, a minimal level of regulation should be considered to ensure that dental technicians working directly with dental patients are subject to the Uniform Disciplinary Act. This regulation should be minimal, low-cost, and insure that the public interest is served and any potential harm to the public reduced. Under such circumstances, registration of dental technicians would provide such minimal regulation.

REGULATION OF DENTAL LABORATORIES: As with dental technicians, there are no formal studies or bodies of statistics which support current arguments in favor of regulation. The arguments regarding the potential for cross-contamination of disease and the use of hazardous materials as sterilants make points about the need for regular laboratory inspections, which are currently the responsibility of WSHA, OSHA, and local health departments. The regular use by dental laboratories and dental technicians of new materials and procedures which are used in the construction of dental devices reflects a need for expertise in these areas, but not a reason for regulation.

However, as with dental technicians, any change in law allowing the provision of shade verification by dental laboratories would require a minimal level of regulation of dental laboratories to insure protection of the public and insure that the public interest is served. Under such circumstances, registration of dental laboratories would provide minimal regulation. As with dental technicians, the cost to register dental laboratories would be much less costly.

SHADE VERIFICATION: The proposed legislation accompanying the Applicant proposal would change current Washington law to allow for shade verification by dental technicians in dental laboratories. Information provided by the Applicant and at the Public Hearing indicates that shade verification by dental technicians in dental laboratories, upon referral from licensed dentists, is a common practice.

The proposed legislation would change current law to legally permit and regulate this practice. The Washington State Dental Association indicated at the Public Hearing that it was not opposed to such a change. Seven states currently allow dental laboratory participation in the shade verification process, and the literature indicates that such shade verification conducted in dental laboratories is becoming more and more the standard.

Responses from other jurisdictions and the literature reviewed indicate that states are moving towards regulation of dental technicians and/or dental laboratories. However, regulation of dental laboratories or dental technicians has been at the registration level.

